## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK 16CV 5365 (In the space above enter the full name(s) of the plaintiff(s).) COMPLAINT -againstunder the Civil Rights Act, 42 U.S.C. § 1983 (Prisoner Complaint) Arocho Jury Trial: □ Yes (check one) (In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.) Ĭ. Parties in this complaint: Α. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary. Name Anthony J. Madera **Plaintiff** Current Institution Mohawk Correctional Facility Address /2514 Pt. 26 В. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

| Defendant No. 1  | Name New York Police Dept. 44 Precide Shield # N/A   |
|--|--|
| 5  | Where Currently Employed NA  |
|  | Address 169th Street   |
|  | Bronx, New York 10456  |
| Defendant No. 6  | Name Harry Arocho Shield # 24345   |
| Defendant No. 2  |  |
|  | Where Currently Employed New York Police DePartment  Address 169 th Street   |
|  | Bronx, New York 10456  |
|  |  |
| Defendant No. 3  | Name Stanley Schiffman Shield # 00282  |
|  | Where Currently Employed New York County District Atty. office   |
|  | Address  |
|  | Bronx, New York 10456  |
| Defendant No. 4  | Name Alex Yung Shield # 20484  |
| Defendant 140. 4   | Where Currently Employed New York Police Department  |
|  | Address 169+2 Street   |
| 6.8  | Bronx, New York 10456  |
|  | - 1  |
| Defendant No. 5  | Name Shield #  |
|  | Where Currently Employed   |
|  | Address  |
|  |  |
|  |  |
| II. Statement of   | Claim:   |
| caption of this complain<br>You may wish to inclurise to your claims. Do | sible the <u>facts</u> of your case. Describe how each of the defendants named in the nt is involved in this action, along with the dates and locations of all relevant events. de further details such as the names of other persons involved in the events giving o not cite any cases or statutes. If you intend to allege a number of related claims, ach claim in a separate paragraph. Attach additional sheets of paper as necessary. |
| A. In what institut Ave. Apt   | ion did the events giving rise to your claim(s) occur? At 1069 Grant Branx, New York. The afartment of Marvin Green.   |
|  | of the apartment mentioned above.  |
|  | approximate time did the events giving rise to your claim(s) occur? Events y 21st, 2014 at allroximately 8:05 Pm.  |
|  |  |

|                                   | D. Facts: See 17 Hacked Sheets.   |
|-----------------------------------|---|
| What                              |   |
| happened<br>to you?               |   |
|                                   |   |
|                                   |   |
|                                   |   |
| Who did                           |   |
| what?                             |   |
|                                   |   |
|                                   |   |
|                                   |   |
| Was<br>anyone<br>else             |   |
| involved?                         |   |
|                                   |   |
|                                   |   |
| 340 4 7                           |   |
| Who else<br>saw what<br>happened? |   |
|                                   |   |
|                                   |   |
|                                   |   |
|                                   | III. Injuries:  |
|                                   | If you sustained injuries related to the events alleged above, describe them and state what medical   |
|                                   | treatment, if any, you required and received.   received induries to the bone   |
|                                   | that connects my ulper gum to the bottom of my nose. I was  |
|                                   | treated at Bronx-Lebenon hospital for injuries. They gave no astetic and Stitches in the injured area Ulon a minor  |
| 28                                | me astetic and Stitches in the injured area Ulon a minor<br>Surgery to repair the damage.   |
|                                   | surgery to reflace the governge.  |
| i:                                |   |
|                                   |   |
|                                   | IV. Exhaustion of Administrative Remedies:  |
|                                   | The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a |
|                                   | prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.       |
|                                   | A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?   |
|                                   | Yes No X  |
|                                   |   |

| _  |                         |                            | A N   |           |
|----|-------------------------|----------------------------|---|-----------|
| B. | Does the                | jail, priso<br>e?          | n or other correctional facility where your claim(s) arose have a gr                          | tievance  |
|    | Yes                     | No                         | Do Not Know   |           |
| C  | Does the arose cov      | grievance j<br>er some or  | procedure at the jail, prison or other correctional facility where your all of your claim(s)? | claim(s)  |
|    | Yes                     | No                         | Do Not Know   |           |
|    | If YES, v               | vhich clain                | n(s)?   |           |
| D. | Did you f               | ile a grieva               | nce in the jail, prison, or other correctional facility where your claim(s                    | arose?    |
|    | Yes                     | No_                        |   | C         |
|    | If NO, di<br>prison, or | id you file<br>other corn  | a grievance about the events described in this complaint at any oth rectional facility?       | ier jail, |
|    | Yes                     | No                         | _ *   |           |
| E. | If you did<br>grievance | I file a grie<br>?         | evance, about the events described in this complaint, where did you                           | file the  |
|    | 1. W                    | hich claim                 | (s) in this complaint did you grieve?   |           |
|    | 2. W                    | hat was the                | e result, if any?   |           |
|    | ) <del>N</del> 111      |                            |   |           |
|    | 3. We the highest       | hat steps, it level of the | if any, did you take to appeal that decision? Describe all efforts to ap                      | peal to   |
|    | -                       |                            |   |           |
|    |                         |                            |   |           |
|    | 300                     |                            |   |           |
|    |                         |                            |   |           |
| ₹. | If you did              | not file a g               | grievance   |           |
|    | 1, If                   | there are a                | ny reasons why you did not file a grievance, state them here:                                 |           |
|    |                         |                            | A 1 / A   |           |
|    |                         |                            | NA  |           |
|    | _                       |                            | 1   |           |
|    |                         |                            |   |           |

|          | informed, when and how, and their response, if any:   |
|----------|---|
|          |   |
| G.       | Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.       |
|          | - NA  |
|          |   |
| Note:    | You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies. |
| V.       | Relief:   |
| State wi | hat you want the Court to do for you (including the amount of monetary compensation, if any, that                     |
|          | seeking and the basis for such amount) am Seeking Monetary Comensation  |
| Police   |   |
| and      | the three men listed in this claim. I also suffer   |
| from     | emotional stress from this because my rights were   |
| Viole    |   |
| what     | happened when I was knocked out untill I woke up.   |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |
|          |   |

|                       | VI.            | Previous lawsuits:  |
|-----------------------|----------------|---|
| On<br>hese            | A.             | Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?  |
| laims                 | 8 .            | Yes No X  |
|                       | В.             | If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.) |
|                       |                | 1. Parties to the previous lawsuit:   |
| ٥                     |                | Plaintiff \\ \mathcal{\mathcal{B}}\)  |
|                       |                | Defendants  |
|                       |                |   |
|                       |                | 2. Court (if federal court, name the district; if state court, name the county)   |
| 7                     |                | 3. Docket or Index number   |
|                       |                | 4. Name of Judge assigned to your case  |
|                       |                | 5. Approximate date of filing lawsuit   |
|                       |                | 6. Is the case still pending? Yes No  |
|                       |                | If NO, give the approximate date of disposition   |
|                       |                | 7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)   |
|                       |                | NA  |
|                       |                |   |
|                       | C.             | Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?  |
| On<br>other<br>claims |                | Yes No X  |
| *1                    | D <sub>a</sub> | If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.) |
|                       |                | 1. Parties to the previous lawsuit:   |
|                       |                | NA  |
|                       |                |   |
|                       |                | Defendants  |
|                       |                | 2. Court (if federal court, name the district; if state court, name the county)   |
|                       |                | 3. Docket or Index number   |
|                       |                | 4. Name of Judge assigned to your case  |
|                       |                | 5. Approximate date of filing lawsuit   |
|                       |                | 6. Is the case still pending? Yes No  |
|                       |                | If NO, give the approximate date of disposition   |
|                       |                |   |

| 7.             | What was the result of the case? (For example: Was the case dismissed? Was ther judgment in your favor? Was the case appealed?) |
|----------------|---|
|                | N/P3  |
|                |   |
|                |   |
| I declare und  | ler penalty of perjury that the foregoing is true and correct.  |
| Signed this 2  | 9 day of June , 2016  |
|                | Signature of Plaintiff without Maslera.   |
| e .            | Inmate Number 14-A-4297   |
|                | Institution Address Mohawk Correctional Facility  |
|                | 6514 Rt. 26   |
|                | POBOX 8450  |
|                | Rome, New York 13442  |
|                |   |
|                | aintiffs named in the caption of the complaint must date and sign the complaint and provide numbers and addresses.              |
|                | are a   |
| I declare unde | er penalty of perjury that on this 29 day of June, 2016 am delivering   |
| this complaint | to prison authorities to be mailed to the Pro Se Office of the United States District Court for                                 |
| the Southern l | District of New York.   |
|                | Signature of Plaintiff: Without Maden   |
|                |   |

1, Anthony J. Madera, an the Plantiff Pro-se and I make this Sworn affidavit as follows:

On July 21st, 2014 at approximately 8:05 pm, the New York Police Department Knocked down the door at the residence of Marvin Green, located at lob9 Grant Avenue, APt. 4, Bronx, New York 10456. Upon the Commencement of the Search, I was ordered to get on my Knees, in which I Complied. Upon my Compliance, I was Kicked in the face and was Subsequently Knocked out unconscienous. Once I was awakened, I was in hardcuffs and in a Puddle of my Gun blood. I Substained injuries to my face. At this time, I was in Custody, however I was never read my Miranda rights. Still haven't read my Miranda rights, I was ardered to answer a Question of what room my belongings were in? I replied Stating "one next to the bothroom."

Oneida Riddick, who resided in the above address, was my

The ambulence took me to Bronx-Lebenon Hospital to look at the injuries Substained. Two doctors did minor Surgery to repair the injuries to the upper gum bone that Connects my nose to mouth. They also did a CT Scan to See if I Substained any other injuries. No other injuries were reported. After the haspital, I was taken to Court for arraignment.

While I was at the hospital, Internal Affairs
Came to See me. Internal Affairs took a Statement

from me white locked up in Rikers Island. Internal Affairs spoke to my defense attorney Mr. Solomon, who Put in a Claim on my behalf. The Statement that was taken was recorded.

The Inspector General also came in and spoke to me regarding the incident and indicated to me that "It was a bullshit warrant." I know my US Constitutional rights were violated.

There was no search warrant Presented to me, which led to believe that the warrant was for Marvin Green. This led to a fourth Amendment Violation. The NYPD also violated my Eighth Amendment right to be free from Cruel and unusual Punishment. For these Stated reasons plus the fact that I suffered emotional Stress when I have very limited recollection of what happened when I was knocked out until I was awakened, I am seeking award for damages. I ask this because they took advantage of the opportunity while breaking the freedoms that are guaranteed to us in the U.S. Constitution.

For these Stated reasons, lask the Court to grant this Petition. , Anthony J. Madera, an the Plantiff Pro-se and I make this Sworn affidavit as follows:

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doctors did minor surgery to repair the injuries
to the upper gum bone that Connects my nose to

Mouth. They also did a CT scan to see if I substained any other injuries. No other injuries were reported. After the hospital, I was taken to Court for arraignment.

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Mohawk Correctional Facility 6514 Rt. 26 P.O. Box 8450 Rome, NY 13442

Arthory J. Madera Din # 14-19-477





Pro-SE Office Court
Southern District On York
Daniel Patrick Moyninan United
States Courthouse
States Courthouse
Stores Courthouse
Soo Pearl Street, Boom 230
New York, New York 10007

SONA LEGAM SHIPS AND STATE OF LICE